

October 3, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1610-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management.

Clinical History:

This claimant allegedly sustained a work-related injury on ____ but continued working under a light-duty status. On 03/13/03, the claimant was seen in follow-up. Progress note indicates the claimant had an epidural steroid injection with continued episodes of radicular pain and significant ongoing lumbar pain. The physician notes that the claimant had a previous MRI demonstrating a disk bulge at L5-S1, and indicated a suspicion of an annular tear at L5-S1. The patient's physical examination did not include a straight-leg raising test.

On 04/11/03, a three-level lumbar discography was performed on the claimant, testing the L3-4, L4-5 and L5-S1 levels. The handwritten diskogram notes indicate that the claimant had 4 cc of dye injected into the L5-S1 disk, with the disk appearing to demonstrate an annular tear and 10/10 concordant pain. At L4-5, 3.5 cc of dye was injected with the disk appearance noted as "normal" and a pain reproduction of only 0-1/10 which was termed "non-concordant." At L3-4, 2.75 cc of dye was injected into the disk with a "normal" disk appearance and again a non-concordant minimal pain level of 0-1/10. The follow-through CT scan demonstrated normal appearance of the L3-4 and L4-5 disks with a questionable posterolateral internal fissure at L5-S1. A linear left annular tear was noted.

The claimant returned to the physician on 04/15/03, who then recommended L4-5 and L5-S1 IDET procedures based on the diskogram. Again, no straight-leg raising test was performed. The physician states there was a Grade 2 tear at L4-5 which was not the conclusion reached by either himself or the radiologist when the diskogram was actually done (His handwritten report indicates the disk appeared "normal" at L4-5).

On 05/19/03 a neurosurgical evaluation was done and it was noted that the claimant had EMG/NCV studies revealing radiculopathy at L5-S1, and documented a physical examination which included evidence of a positive straight-leg raising test (side not stated). IDET procedure at L5-S1 only was recommended.

Disputed Services:

Proposed IDET-Intradiscal Electro Thermal Therapy.

Decision:

The reviewer agrees with the determination of the insurance carrier. The services in question are not medically necessary in this case.

Rationale:

This claimant does not meet the criteria for candidacy of the IDET procedure. The neurosurgeon documents that the claimant has a positive straight-leg test. There is documentation of electrodiagnostic test evidence of radiculopathy. The diskogram study performed on 04/11/03 was invalid based on the amount of dye injected into each of the disks, which exceeds the accepted protocols for performance of discography regarding the volume of injectate. Moreover, the treating doctor documents minimal pain and a normal-appearing disk at L4-5 with CT evidence clearly demonstrating no clear evidence of annular tear at the L4-5 level. Therefore, since the claimant fails at least three of the criteria for consideration for the IDET procedure, according to the nationally accepted standards and protocols for this procedure, the procedure is not medically reasonable or necessary for treatment of this claimant's alleged work-related event.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 3, 2003.

Sincerely,